



HOPE Christian Academy
1125 N. Dobson Road
Chandler, AZ 85224
(480) 722-1445

"Those who hope in the LORD.....will soar on wings like eagles..." Isaiah 40:31

APPLICATION FOR SUBSTITUTE TEACHING

For Office Use Only

References _____

Teacher Certification? Yes ___ No ___

Interview _____

Specify state in which certificate was issued:

I-9 Form _____

W-4 _____

Do you desire employment as a full-time certified teacher? Yes ___ No ___

Areas of Certification: _____

Highest Degree Received: _____

Major _____ Minor _____

NAME _____

First

Middle

Last

ADDRESS _____ HOME PHONE () _____

CITY/STATE/ZIP _____ CELL PHONE () _____

EMAIL ADDRESS _____

Circle the GRADES IN WHICH YOU ARE WILLING TO SUBSTITUTE:

Kindergarten

1st

2nd

3rd

4th

5th

6th

7th

8th

DAYS AVAILABLE TO WORK: _____

Personal Testimony: _____

Have you ever been convicted of a felony or a crime? Yes _____ No _____
If yes, please specify:

I hereby certify that the information presented in this application is true, accurate and complete.
Any falsification of this record will be sufficient cause for disqualification and will constitute a release to the employer for liability.

This application becomes the property of HOPE Christian Academy. I hereby extend the right of HOPE Christian Academy to contact the references listed on this application. References and other information, which become a part of this record, may be revealed to all persons who participate in the selection of employees. Pre-employment references will be kept confidential from me. I have read the above and understand it.

Date Signature of Applicant

ALL PERSONNEL OF THE HOPE CHRISTIAN ACADEMY SHALL BE EMPLOYED WITHOUT REGARD TO NATIONAL ORIGIN, RACE, SEX, CREED, AGE OR HANDICAPPING CONDITION.

CRIMINAL BACKGROUND FORMS AND APPLICATION MUST BE ON FILE IN THE HOPE CHRISTIAN ACADEMY OFFICE TO COMPLETE SUBSTITUTE REQUIREMENTS.